

**EFFECTIVENESS OF GUIDED RELAXATION
TECHNIQUE ON REDUCTION OF ROLE STRAIN
AMONG THE CARE GIVERS OF DISABLED CHILDREN
IN SELECTED SCHOOL AT MADURAI, TAMILNADU.**



**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR. M.G.R MEDICAL UNIVERSITY, CHENNAI IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF SCIENCE IN NURSING**

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MATHA COLLEGE OF NURSING

(Affiliated to the TN Dr. M.G. R. Medical University),

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TABLE OF CONTENTS

CHAPTERS	CONTENT	PAGE NO
CHAPTER I	INTRODUCTION	1-4
	Need for the study	5-8
	Statement of the problem	9
	Objectives	9-11
	Hypotheses	10
	Operational definition	10
	Limitations	10
	Assumption	11
	Projected outcomes	11
	Conceptual Framework	12-14
CHAPTER II	REVIEW OF LITERATURE	15-22
CHAPTER III	RESEARCH METHODOLOGY	23-31
	Research approach	33
	Research design	24
	Setting of the study	24
	Population	25
	Sample size and sampling technique	25
	Criteria for Sample Selection	25-26
	Development of tool	26
	Scoring procedure	27
	Testing of the tool	27
	Validity	27

	Reliability	28
	Pilot study	28
	Procedure for data collection	28-29
	Data analysis	30
	Protection of Human rights	30
	Plan for data analysis	30-31
CHAPTER IV	ANALYSIS AND INTERPRETATION OF DATA	32-53
CHAPTER V	DISCUSSION	54-59
CHAPTER VI	SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSIONS	60-66
	Summary	60
	Major findings of the study	61-62
	Implications for nursing practice	63
	Implications for nursing education	63
	Implications for nursing administration	64
	Implications for nursing research	64
	Limitations	64
	Recommendations	65
	Conclusion	65-66
	REFERENCES	67-70
	APPENDICES	71

LIST OF TABLES

TABLE NO	TITLE	PAGE NO
1	Distribution of samples according to selected demographic variables	34-36
2	Distribution of samples according to level of role strain before and after intervention.	46
3	Effectiveness of guided relaxation technique in reduction of role strain.	48
4	Association between the level of role strain and demographic variables.	50-53

LIST OF FIGURES

FIGURE NO	TITLE	PAGE NO
1	Conceptual framework based on Ludwig von bertalanffy's General system theory.	14
2	Distribution of samples according to age.	39
3	Distribution of samples according to educational Status.	39
4	Distribution of samples according to occupation.	40
5	Distribution of samples according to Monthly income.	40
6	Distribution of samples according to Religion.	41
7	Distribution of samples according to type of family.	41
8	Distribution of samples according to child age.	42
9	Distribution of samples according to the child sex.	42
10	Distribution of samples according to the Children birth order.	43
11	Distribution of samples according to the children educational status.	43
12	Distributions of samples according to their number of children.	44
13	Distributions of samples according to their onset of disease.	44
14	Distribution of samples according to their children duration of treatment.	45
15	Comparison between the pretest and posttest level of role strain.	47
16	Effectiveness of guided relaxation technique in reduces the level of role strain before and after intervention.	49

LIST OF APPENDICES

APPENDIX NO	LIST OF APPENDIX
I	Letter seeking permission to conduct study
II	Letter seeking expert opinion for content validity
III	Certificate for validation
IV	List of expert's opinion for content validity
V	Informed Consent
VI	Letter for English editing
VII	Demographic data
VIII	Caregiver strain questionnaire
IX	Tamil version of tool
X	Guided relaxation technique

ABSTRACT

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of guided relaxation technique for reduction of role strain among the caregivers of disabled children in selected school at Madurai, Tamil Nadu.

OBJECTIVES

- To assess pre test level of role strain among the caregivers of disabled Children.
- To assess post test the level of role strain among the caregivers of disabled children.
- To evaluate the effectiveness of guided relaxation technique for reduction of role Strain among the caregivers of disabled children.
- To find out the association between the level of role strain and Selected demographic variables such as caregivers age, educational status, occupation, monthly income, religion, type of family, child age, child sex, birth order, child Educational status, number of children in the family, onset of disease, and duration of treatment.

HYPOTHESIS:

- There is a significant reduction of role strain in the post test than in the pre test.
- There is a significant association between the level of role strain and their selected demographic variables such as caregiver's age, educational status, occupation, monthly income, religion, type of family, child age, child sex, birth order, child educational status, number of children in the family, onset of disease, and duration of treatment.

MAJOR FINDINGS OF THE STUDY:-

- The majority of the age group of the subjects 46 (76%) was between 25-30years
- Regarding the educational status of the subjects 33 (55%) majority has primary education
- In respect of occupation of the subjects 27 (45%) majority were coolly worker
- With regard to the monthly income of the subjects 53 (88.3%) were getting Rs/-1500-25006
- With regard to religion majority of the subjects 43 (72%) were Hindu

- Regarding the type of family majority of the subjects 31 (52%) were nuclear family.
- The majority of the age group of children of the subjects 37 (62%) was between 5-10 years.
- Regarding child sex of the groups 35 (58%) majority was male.
- Regarding the birth order of the subjects 39 (65%) majority was the first child.
- Regarding the educational status of the subjects 49 (81%) majority has pre-primary.
- Regarding the number of children in the family of the subjects 27 (45%) majority have one child.
- Regarding onset of disease of the subjects 60 (100%) majority were at birth
- Regarding the duration of treatment of the subjects 32 (53%) majority were 6-12 months.
- The level of role strain pretest among the subjects 1 (1.7%) were mild, 35 (58.3%) were having severe. The post test among the subjects 28 (46.7%) were mild, 32 (53.3%) were moderate and not having sever.
- Mean scores on level of role strain was 77.47 in pretest which is significantly lower than 71.88 in mean post test and computed value of 't' is 9.6438 is more than table value

(3.46) at df (59) which is statistically significant at 0.001 levels. This shows that guided relaxation technique was effective in reduction of role strain.

- The demographic variables such as caregivers age, educational status, occupation, monthly income, religion, type of family, child age, child sex, birth order, child educational status, number of children in the family, onset of disease, and duration of treatment having not significant research hypothesis was accepted and statically proved.

RECOMMENDATIONS:

The following recommendations are made based on the findings of the study.

1. A similar study can be conducted in a large group to generalize the findings.
2. A similar study can be performed among role strain among the caregivers of disabled children.
3. An extensive experimental study to assess the effectiveness of guided relaxation technique interventions to reduction of role strain.
4. A similar study can be conducted to know the role strain among the caregiver of disabled children.

5. A study can be done to assess the effectiveness of guided relaxation technique and reduction of role strain.

CONCLUSION:-

As a part of the curriculum, the researchers have taken the role strain among the caregivers of disabled children as my dissertation work. When the researchers collected the data from the samples it was a heart touching experience because most of the sample are having moderate and severe role strain caregivers underwent a lot of stress and role strain. Each caregiver having different level of role strain. Proper counseling is necessary to treat and evaluate the care given role strain. Guided relaxation technique on reduction of role strain among the caregivers of disabled children.

CHAPTER –I

INDRODUCTION

“Children are the greatest gifts of god to humanity”

Giving care to a disabled family member brings stress into the family. This year 1, 00,000 women will become mothers of handicapped children. Parents especially mothers have an important role in the care of disabled children. The mother is more affected by the role strain of carrying the child.

Parent shows a series of reactions after knowing that their child is disabled. These include shock, denial, guilt, sorrow, rejection and acceptance. Experience deep sorrows have strong under expectations of achievement, may have unrealistic goals, may want to escape from reactions and ultimately turn to accept the child. Wikler mentions that tremendous amount of stress chronically affects their lives. “You can’t avoid all stress but you can counteract its negative effects by learning how to evoke the relaxation response, a state of deep rest that is the polar opposite of the stress response.

The relaxation responses bring your system back to balance, deepening your breathing reducing stress hormones, slowing down your heart rate and blood pressure and relax muscles. Many people have

written to ask us: what is autism in India “like”? Does it look the same as autism in other places? What kinds of services are available? What do families do? Is the prevalence the same? These are all very intriguing and important questions. Some of these we can answer from our experience working with hundreds of families.

Primarily as a result of intense work by AFA with a ministry of health in the mid-1990 the government of India now recognizes autism as a disability. This development is relatively recent family, school catering solely to autistic persons were not able to receive funding from the government. Persons with autism were also not eligible for concessions and benefits offered by the government unless they were diagnosed as mentally retarded. Through the commitment of a community of parents, siblings, other relatives, and autistic people themselves, people with autism and their families now have a voice in the disability legislation and movement in India. While we are pleased that autism now receives recognition, there are still many issues to be negotiated, legal and otherwise. Parents should continue to educate themselves about the person with disability, act 1995, to be aware of what their rights and benefits are as caregivers of autism children.

Caregiver role strain represents the burden of care giving on the physical and emotional health of the caregiver and its effects on the family and social system of the caregiver and care receiver. According to a study published in the journal of the American medical association, reported that elderly care given are at a 63 percent higher risk of mortality than non caregivers in the same age group. They found that the physical symptoms of caregiver stress are a result of a prolonged and elevated level of stress hormones circulating in the body. Researchers linked exhausted care givers stress hormone level to those suffering from post traumatic stress disorder.

The birth of a child puts some important roles on the members of the Family , especially the parents. The child within the family system can be a Source of joy for the parents. The child also represents a way for the parents to fulfill their own dreams. In Turkey, the child is also seen as a source of financial benefit in his or her adulthood. It is proposed that, the family's development has parallel lines with the developmental stages of the child.

However, the child who is less than perfect or with developmental delays may be very frustrating for the families. When the children are disabled, they need additional physical and personal attention, which has consequences for all the members of the family. Moreover, the child with

a handicap is far from fulfilling the family's expectations. As a result, parents may face with a crisis of changed expectations. It is proposed that, the parental reactions to the disability of the child may include the sequential stages such as shock, denial, anger, bargaining.

NEED FOR THE STUDY

Parents of disabled children experience significant psychological distress. The purpose of the study to assess the role strain among the caregivers of disabled children.

The study of children in especially difficult circumstances in Zimbabwe (CEDC) (UNICEF, 1997) found an estimated 150,000 child with disability in the country. Estimate of disability depend on what is considered as a disability , on how severe an important must before it is considered disabling and on how categories are implemented in the actual gathering of data (Ingstad &White, 1995).

Caregiver health status is a growing concern for clinicians and researchers because there is a strong agreement among researchers that caring for person for people with chronic illness can lead to negative emotional and physical health outcomes for the caregiver.

Stress is necessary for life. You need stress for creativity, learning, and your very survival. Stress is only harmful when it becomes overwhelming and interrupts the healthy state of equilibrium that your nervous system needs to remain in balance. Unfortunately, overwhelming stress has become an increasingly common characteristic of contemporary life. When stressors throw your nervous system out of

balance, relaxation techniques can bring it back into a balanced state by producing the relaxation response a state of deep calmness that is the polar opposite of the stress response.

When stress overwhelms your nervous system your body is flooded with chemicals that prepare you for “fight or flight”. While the stress response can be life saving in emergency situations where you need to act quickly, it wears your body down when constantly activated by the stresses of everyday life. The relaxation response puts the brakes on this heightened state of readiness and brings your body and mind back into a state of equilibrium.

The average prevalence of cerebral palsy across the 3 sites was 3.6 cases per 1000, with notably similar site-specific prevalence estimates (3.3) cases per 1000 in Wisconsin, 3.7 cases per 1000 in Alabama, and 3.8 cases per 1000 in Georgia. At all sites, prevalence was higher in boys than girls (overall boy/girl ratio: 1.4:1). Also, at all sites, the prevalence of cerebral palsy was highest in black non-Hispanic children and lowest in Hispanic children. At all sites, the prevalence among children living in low- and middle-income neighborhoods was higher than that among children living in high-income neighborhoods.

Care givers health status is a growing concern for clinicians and researchers because there is a strong agreement among researchers that caring for persons with chronic illness can lead to negative emotional and physical health outcomes for the care giver.

Autistic disorder occurs at a rate of 2 to 5 cases per 10000 children under age 12. Usually autism begins before 36 months but may not be evident to parents depending on their awareness and the severity of the disorder.

Selye is the first Researcher who introduced the “stress” term in the scientific area. He defined stress as the nonspecific reactions of the body as a result of the demands upon the person.

There is increasing international interest in intensive home-based behavioral intervention for children with autism. In the present study, 141 UK parents conducting such interventions completed a questionnaire addressing issues of stress, coping, and support. Regression analyses showed that parents' stress levels were predicted mainly by psychological rather than demographic variables. In particular, adaptive coping strategies, informal social support sources, and beliefs about the efficacy of the intervention were associated with lower reported stress and higher

levels of autism symptomatology were associated with higher reported stress.

The investigator seen a child with cerebral palsy nearby house. And also I have noticed the stress faced by the child mother and family members. This incidence was running in my mind and this has motivated me to select this study.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of guided relaxation technique for reduction of role strain among the caregivers of disabled children in selected school at Madurai, Tamilnadu.

OBJECTIVES

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HYPOTHESIS:

- There is a significant association between the level of role strain and their selected demographic variables such as caregivers age, educational status, occupation, monthly income, religion, type of

family, child age, sex, educational status, number of children, birth order of the child, duration of treatment, and onset of disease.

- There is a significant reduction of role strain in the post test than in the pre test.

OPERATIONAL DEFINITION:

Effectiveness:

In this study it refers to the reduction in the level of role strain after relaxation technique among the caregivers of disabled children as measured by caregiver strain questionnaire.

Guided relaxation technique:

In this study it refers to relaxing all the body muscle gradually as per instruction.

Role strain:

In this study it means the stress experienced by an individual while caring disabled children as measured by the caregiver strain questionnaire.

Caregivers:

In this study it means the person who meets the needs of the disabled children.

Disabled children:

In this study it means the children who are physically and mentally affected children such as autism and cerebral palsy child.

ASSUMPTION:

- Caregiver of disabled children will have stress.
- The level of role strain was varied according to the level of disability.
- The guided relaxation technique will be effective means of reducing the role strain.

LIMITATIONS:

- The study is limited to six weeks.
- The study is limited to sample size 60.

PROJECTED OUTCOME

- ❖ The findings of this study were helping the investigator to know the effectiveness of guided relaxation technique in reduction of reduction Of role strain of caregivers of disabled children.
- ❖ This study will help to bring the needed information while managing the disabled children care giver's stress.

CONCEPTUAL FRAMEWORK

The conceptual framework for this study was derived from general system theory, (Cludwig von Bertalanffy). According to general system theory a system is a set of units interacting with each other within a boundary that filters the kind and the rate of flow of inputs and outputs to and from the system.

General system theory is useful in breaking the whole processes in parts to ensure goal realization. The number of parts of the system is totally dependent on what is needed to accomplish the goal. Purpose, goal or aim is necessary for any system to function. The aim of the study is to guided relaxation technique for reduction of role strain among the caregivers of disabled children.

Berrtalanffy explained that the system has four major aspects.

1. Input
2. Throughput
3. Output
4. Feedback

Input

It is the type of information that enters into the system from the environment through its boundaries.

Input the guided relaxation technique to give the caregivers of disabled children.

Throughput

Throughput is a process of guided relaxation technique to relax the mind, reduce muscle tension and stress.

Output

Output is any information that leaves the system and enters the environment through system boundary.

Output is the reduction of role strain mild role strain, moderate role strain, severs role strain.

Feedback

It is the result of throughput. It allows the system to monitor its internal function, so that it can either increase or restrict its input of its output.

Feedback is necessary response from the receiver.

CHAPTER – II

REVIEW OF LITERATURE

Review of Literature is an important step in which an exclusive and extensive search of the concerned topic is done to gather relevant information (**Polit, 2004**).

Review of Literature is an essential step in the development of the research project. It further helps in developing the broad conceptual, construction of tool and development of the instructional module and analysis of data. It is discussed under the following headings:-

1. Literature review related to caregivers of cerebral palsy.
2. Literature review related to caregivers of Autism.

1. LITERATURE REVIEW RELATED TO CARE GIVERS OF CEREBRAL PALCY

Fung BK, et al., (2011) conducted the study to examine of a strength – focused mutual support group for the well-being of the caretakers of children with cerebral palsy. Duchess of Kent children's hospital recruited 12 primary caretakers of children with cerebral palsy in Hong Kong. Half of the caretakers (n = 6) who had attended the full intervention program were included in the data analysis significantly lower level of parental stress and high hope level both after the 4

intervention sessions and at the poster session. Their perceived social support was significantly increased when the group was ongoing but not after it ended.

Hwang M, et al., (2011) conducted a study to evaluate the psychometric properties of the care and comfort caregiver questionnaire which was developed to measure the perceived effort of caregivers in providing care for children with moderate to severe cerebral palsy. An X total of 100 primary caregivers of children with CP whose Gross Motor Function Classification System (GMFCS) levels were III-V. The care Q was administered to primary caregivers. The care Q and its 3 domains were evaluated with the cronbach X. Construct validity of the care Q was evaluated. Mean care Q scores for children with GMFCS levels III, IV and were 36.6, 42.8 and 45.31 respectively ($P < .01$). The Cronbach Q was 0.90 for total care Q and 0.93, 0.80 and 0.82 for its personal care, as perceived by caregivers of children whose GMFCS levels were III –V.

Bella GP, et al., (2011) conducted a study to evaluate the level of salivary cortisol and perceived burden, stress and health of mothers and primary caregivers of children 4-11 years with cerebral palsy (purpose group $n = 37$) and toys for mothers of children of the same age without developmental problems (central group $n = 38$) Anthropometric and socioeconomic data were collected from the participants who also

completed the perceived stress questionnaire. It was concluded that mothers of healthy children living in unfavorable socio economic conditions high levels of stress. However, to the mothers of children with cerebral palsy who live in even worse socio economic conditions and also have the burden of caring for a disabled child the level of stress was high.

Sipal RF, et al., (2010) conducted a study to assess the parental stress and support, apart from the severity of CP of the child. The participants aged 9, 11 and 13 were assessed and followed up after 1, 2 and 3 years. Situational and relational sources of support and stress for the primary caregiver were rated with a questionnaire (CBCL), behavior checklist. Behavior problems of children with CP started significantly higher than in the general population, but diminished over the 3 year period, older children showed few problems over all and the girls showed less externalizing problems than boys. Across time, an excess of stress vs. Support related to the parent's socioeconomic and living situation and to parent's social relationships was positively related to total behavior problems, internalizing and externalizing behaviors of children.

Unsal – Delialioglu et al., (2009) conducted a study the primary objective of the study was to determine whether there was any difference, with respect to depression among mothers of children with external palsy and mothers of healthy children. The secondary objective was to evaluate

whether some additional factors had an impact on the depression of the mothers. The study included 49 children with CP, 50 healthy children and their mothers. The Beck Depression Inventory (BDI) was applied to all mothers to assess symptoms of depression. BDI scores of the mothers of children with CP were found to be significantly higher ($p = 0.002$) than the mothers of healthy children.

Carroll D, et al., (2008) conducted a primary purpose of this analysis was to learn how the therapeutic community resides describe mindfulness – Based stress reduction delivered as part of their substance use recovery experience. Two researchers independently analyzed 88 written stories about stress in the TC. Three themes emerged from the content analysis; utility, portability and sustainability. Three forces group questions were formulated, one for each theme. Content analysis of stories of stress provided substantive guidance for formulating focus group questions which incorporated the voice of participants through familiar terms and friendly language.

Dagenais L et al., (2006) conducted a study to assess the children with cerebral palsy, caregiver satisfaction with various aspects of the diagnostic process was assessed using a five point Likert scale and related to child family and situational characteristics. Measures were then celebrated with current caregiver stress as measured objectively by the

parenting stress inventory. During the registration process, 59 consecutive caregivers (55) mothers were questioned. Overall 62% (35/59) were satisfied with the disclosure process, with satisfaction ranging from 69% (41/59 hopefulness) to 92% (54/59 – honesty) for professional qualities and from 61% (36/59 – sufficient information provided) to 78% (48/59 – understandable) for disclosure content. Satisfaction was related to the quality and content of information given at the disclosure session. Overall caregiver satisfaction with the process by which a diagnosis of cerebral palsy is given appears to be good.

Levent Eker (2004) Conducted a study on parenting is inherently stressful at times and several studies have shown that being a caregiver of a child who is disabled is even more stressful. The aim of this study was therefore to assess the parenting stress levels of caregivers of children who are disabled and to try to establish whether the level of the child's disability influenced parenting stress levels. Thirty-five parenting stress questionnaires were returned to the researcher. Means and frequencies were used to summarize the demographic data. T-tests were performed to establish whether there was any significant difference between the parenting stress levels of caregivers of children who were more functionally disabled and those whose children were less disabled. This stress was however, not in any way influenced by the severity of their

children's disabilities. The only variable that correlated strongly to the level of parenting stress was found to be the income level of the family ($r=0.8$). The results of this study confirm that parenting stress is complex and that it is not a simple matter to predict the parenting stress levels of caregivers of disabled children. Therapists should evaluate the needs of each family individually and follow a family centered approach when managing children with cerebral palsy.

Manuel J, et al (2003) conducted a study to assess the stress and adaptation in mothers of children C CP in USA. The study showed thirty percent of the mothers had depressive symptoms above the cut off on a depression screening instrument. Disability severity and Childs functional status did not predict internal depression perceived social support moderated the relationship between the Childs functional status and maternal depressive symptoms.

Guper & Jain et al, (2002) designed to explore the problems of the parents of those mentally retarded children who have been assessed as Spastic Cp by the school authorities of the mentally handicapped institute in Haryana. The sample consisted of 30 parents who were classified as more educated and less educated graduates and less than graduates high income group and low income group. Parent problem questionnaire was

given individually to each parent to know their problems about their mentally retarded children Spastic Cerebral palsy.

II Review of Literature related to Autism caregivers:-

Monks (2007) conducted a population based study to assess the psychological functioning & coping among mothers of children with autism. Results revealed that mothers of children with autism showed remarkable strengths in the parent – child relationship, social support & stability of the household in the context of high stress& poor mental health.

Diggle (2007) stated that parent training could successfully contribute to intervention for young children ASD, used maternal knowledge of autism enhanced maternal communication style & parent child inter & reduced maternal depression.

Lecavalier L, et al., (2006) conducted a study to examine stress in a large sample of young people with autism spectrum disorders parents or teachers of 293 young people with ASDS completed measures of stress, behavior problems and social competence parents and teachers did not perfectly agree on the nature and severity of behavior problems. Parental reports of behavior problems and stress were quite stable over the 1 year interval much more so than teacher reports. The results of this study

suggested that it is a specific group of externalized behavior that are more strongly associated with both parents and teachers stress.

Gray (2006) used ethnographic methods to emphasize coping of parents over time with their autism children. The study results suggested that fewer parents coped through reliance on service providers, family support, social withdrawal & individualism & relatively more parents coped through their religious faith & other emotion – focused strategies.

Duarate CS et al., (2005) conducted a study to determinants of maternal stress in mothers of children with autism. Mothers of 31 children with autism from mental health clinics were matched by child age / gender and mother's age to 31 mothers of children without mental health problems, drawn from public schools and a primary care unit. The presence of stress in mothers was primarily associated with having a child with autism. However, poor expression of affect, little interest in people, being an older mother and having a younger child also contributed to increased stress levels.

CHAPTER –III

RESEARCH METHODOLOGY

INTRODUCTION:-

The research methodology is the systematic way to solve the research problem (Kothari 1990). It consists of all general and specific activities of the problem till final interpretation and conclusion.

This chapter explains the methods adopted by the investigator to assess the effectiveness of guided relaxation technique among the caregivers of disabled children with role strain. It deals with research approach, research design, study setting, population, criteria for selection of the sample, sample size, sampling technique, development of the tool, content validity, pilot study, reliability, feasibility, procedure for data collection and statistical analysis.

RESEARCH APPROACH:-

The quantitative research approach was used to assess the effectiveness of guided relaxation technique for reduction of role strain among the caregivers of disabled children.

RESEARCH DESIGN:-

Pre experimental one group pretest and post test design was adopted for this study. It involves manipulation of the experimental group in this study. The experimental group was caregivers of the disabled children and they were selected and given pretest, intervention and post test.

Pretest	Intervention	Post test
O1	X	O2

O1 - Pretest assessment of role strain among the caregivers of disabled children.

X - Intervention (Guided relaxation technique)

O2 – Post test assessment of reduction of role strain among the caregivers of disabled children.

SETTINGS OF THE STUDY:-

This study was conducted at the JK Mas foundation it situated at 50km away from Matha College of nursing at manamadurai. Here the children and mothers are receiving various trainings such as education, physiotherapy and counseling. On this foundation 8 teachers and one

physiotherapist are working. There were 80 children present in the institution at the time of data collection.

POPULATION:-

The population of this study was care givers of autism and cerebral palsy children.

SAMPLING:

SAMPLE SIZE:-

In this study 60 caregivers of the disabled children were from specially challenged child's school in Madurai.

SAMPLING TECHNIQUE:-

The convenient sampling technique was used to select the sample.

CRITERIA FOR SELECTIONS OF SAMPLE:-

INCLUSION CRITERIA:-

- ✓ Caregivers of children in the age group between 1-15 years.
- ✓ Care givers those who were willing to participate in the study.
- ✓ Both male and female caregivers were included.
- ✓ Both autism and cerebral palsy children.

EXCLUSION CRITERIA:-

- ✓ Caregivers of children in the age group of below 1years and above 15 years were excluded.
- ✓ Care givers those who were not willing to participate in the study.

DEVELOPMENT OF TOOL

The tool was prepared after reviewing the related literature such as books journals, previous studies and past experiences. Expert opinions and suggestions were also taken for the development of the tool.

SECTION –I

It deals with the demographic variables of samples such as care givers age, educational status, occupation, monthly income, religion, type of family, child age, sex, birth order, educational status, number of children in the family, onset of disease, and duration of treatment.

SECTION –II

Standardized tools for the care givers strain questionnaire was used to assess the level of role strain among caregivers of disabled children.

They were 20 items and it is a 5 point scale. The maximum score is 100 and the minimum score is 20.

SCORING PROCEDURE:-

SECTION –I

The demographic variables are not scored but used for descriptive analysis.

SECTION –I

Total 20 items were included in this study. The total score was 100.

Level of score	Maximum scores
Below 71	Mild
72 to 78	Moderate
Above 79	Severe

TESTING OF THE TOOL:-

VALIDITY:-

The validity of the tool demo section “A” was given for validity to 5 experts in the pediatric nursing field since section “B” is a standardized tool for the care givers strain questionnaire.

RELIABILITY:-

Reliability of the tool was checked by test and retest method.

PILOT STUDY:-

Pilot study was conducted with 6 caregivers of disabled children who fulfill the inclusion criteria for sample selection. It was conducted in the manner in which the real study will be done. The subjects were excluded from the final study. The role strain was assessed before and after demonstration about guided relaxation technique on the same study. It is planned in order to test the reliability of the tool used.

PROCEDURE FOR DATA COLLECTION**Pre test (first week)**

First informal permission was obtained from the principal, HOD of child health nursing department and research committee members from the Matha College of nursing to conduct this study. Prior to data collection, permission was obtained from the founder of the JK Mas foundation specially challenged school. The very first day the investigator met the care giver's of disabled children along with the founder of the JK Mas foundation in order to obtain cooperation from the respondents. Before the interview, the purpose of the interview was explained to all caregiver's of disabled children with self introduction. A separate place

was selected for the interview in the JK Mas foundation and privacy was maintained and subjects were made comfortable and relaxed. First one week the investigator visited the JK Mas foundation in Madurai in the morning 9am to 4pm from Monday to Saturday in order to assess the level of role strain by using care giver's strain questionnaire. Every day 12 samples were interviewed and it takes 15 minutes for each subject's interview. So the primary data were collected from 60 samples. By using a convenience sampling technique.

Guided relaxation technique (II, III, and IV):

The samples were divided into three groups of 20 each. During this week from Monday to Saturday 10 members were received Monday, Wednesday, Friday, another 10 were Tuesday, Tuesday, Saturday from 9 to 4pm. Each group receives guided relaxation technique twice weekly. The guided relaxation technique was given to each individual for 20 minutes. The first group received relaxation technique during II week, the second group during the III week, a third group during the IV week.

During the last week, post assessment of the role strain level was carried out among the caregivers similar to pre test.

During these six week period samples were very cooperative and the founder, physiotherapist and teachers of the JK Mas foundation

specially challenged school were also helped a lot in conducting this study. The investigator found satisfaction during data collection.

DATA ANALYSIS:-

The data collected was organized calculated and inferential statistics such as frequency distribution, percentage and standard deviation used to associate the demographic variables and role strain level in the pretest and posttest.

PROTECTION OF HUMAN RIGHTS

The research proposal was approved by the dissertation committee prior to the pilot study. The permission was obtained from the principal and head of the department of child health nursing, Matha College of nursing and permission was obtained from the JK Mas foundation founder. Oral consent was obtained from caregiver's. Assurance was given to the anonymity of each individual caregiver's will be mined. The nature and purpose of the study were explained.

PLAN FOR DATA ANALYSIS:-

The data collected was analyzed using descriptive and inferential statistics based on the objective of the study. The following plan of data analysis was developed.

The statistical analysis was arranged as follows:

Sl.No	Data analysis	Methods	Remarks
01.	Descriptive statistics	Frequency and percentage	Use to assess the role strain among the caregivers of disabled children.
02.	Inferential statistics	Mean, Median SD, Paired 't' test.	<p>➔ To identify the post test score of role strain.</p> <p>➔ To evaluate the effectiveness of guided relaxation technique.</p>
03		Chi-square test	To association between pre test care givers and demographic variables.

CHAPTER –IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of data collected from the samples to determine the level of role strain among the case gives of disabled children, level of role strain after giving the guided relaxation technique. A quantitative approach was used for the present study. The analysis was done in order to achieve the following objectives of the study.

The objectives of the study are

- To assess pre test level of role strain among the caregivers of disabled children.
- To assess post test level of role strain among the caregivers of disabled children.
- To evaluate the effectiveness of guided relaxation technique for reduction of role strain among the caregivers of disabled children.
- To find out the association between the level of role strain and selected demographic variables such as caregivers age, educational status, occupation, monthly income, religion, type of family, child age, sex, birth order, child educational status, number of children in the family, onset of disease, duration of treatment.

ORGANIZATION OF THE STUDY FINDINGS

Section -I: Distribution of samples according to demographic variable.

Section-II: Distribution of samples according to the level of role strain among the caregivers of disabled children before and after intervention.

Section-III: Effectiveness of guided relaxation technique on reducing the level of role strain among the caregivers of disabled children.

Section-IV: Association of role strain and selected demographic variables.

SECTION 1

**Table 1: Distribution of the samples according to their
demographic variables. (N=60)**

Sl. No	Demographic variables	No. Of subjects	
		Frequency	Percentage [%]
1.	Caregivers age		
	a. 20-25 years	1	2
	b. 25-30years	46	76
	c. 30-35 years	13	22
2.	Educational status		
	a. Illiterate	8	13
	b. Primary	33	55
	c. Secondary	6	10
	d. Higher secondary	13	22
3.	Occupation		
	a. Home maker	15	25
	b. Cooly worker	27	45
	c. Professional	14	24
	d. Any other	4	6

4.	Monthly income		
	a. Rs.1500-2500	53	88.3
	b. Rs.2501-5000	2	3.3
	c. Rs.5001-10000	3	5
	d. Above Rs.10001	2	3.3
5.	Religion		
	a. Hindu	43	72
	b. Muslim	3	5
	c. Christian	14	23
6.	Type of family		
	a. Nuclear family	31	52
	b. Joint family	29	48
1.	CHILDREN		
	Child age		
	a. 1-4 years	3	5
	b. 5-10 years	37	62
	c. 10-15 years	20	33
2.	Sex		
	a. Male	35	58
	b. Female	25	42

3.	Birth order		
	a. First child	39	65
	b. Second child	18	30
	c. Third child	3	5
4.	Educational status		
	a. Pre-primary	49	81
	b. Primary	7	12
	c. Secondary	4	7
5.	Number of children in the family		
	a. One child	27	45
	b. Two children	27	45
	c. Three children	6	10
6.	Onset of disease		
	a. At birth	60	100
7.	Duration of treatment		
	a. 6 months	21	35
	b. 6-12 month	32	53
	c. 13-18 month	7	12

The above table depicts that in the age group of the subjects 1 (2%) were between 20-25years, 46 (22%) were between 25-30years, 13 (22%) were between 30-35years.

Regarding educational states of the subject 8 (13%) have illiterate, 33 (55%) have primary, 6 (16%) have secondary, 13 (22%) have higher secondary.

In respect of occupation of the subjects 15 (25%) were home maker, 27 (45%) were coolly worker, 14 (24%) were professional, 4 (6%) were any other.

With regard to the monthly income of the family 53 (88.3%) Rs/- 1500-2500, 2 (3.3%) Rs/2501-5000, 3 (5%) Rs/-5001-10000, and 2 (3.3%) Rs/-10001 and above.

With Regarding to religion 43 (72%) were Hindu, 3 (5%) were Muslim, 14 (23%) were Christian.

Regarding the type of family 31 (52%) were a nuclear family, 29 (48%) was joint family.

CHILDREN

Regarding child age group of the subjects 3(5%) were between 1-4years, 37(62%) were between 5-10years, 20(33%) were between 10-15years.

Regarding child sex of the groups 35 (58%) was males, 25 (42%) were females.

Regarding the child birth order of the groups 39 (65%) first child, 18 (30%) were second child, 3 (5%) was the third child.

Regarding child educational status of the subjects 49 (81%) have pre-primary, 7 (12%) have primary, 4 (7%) have secondary.

With regard to the number of children in the family 27 (45%) have one child, 27 (45%) have two children, 6 (10%) have three children.

Regarding onset of disease of the subjects 60 (100%) at birth.

Regarding of the duration of treatment of the child 21 (35%) has 6months, 32 (53%) have 6-12months, 7 (12%) have 13-18months.

Figure: 2 Distribution of samples according to their caregiver's age.

N=60

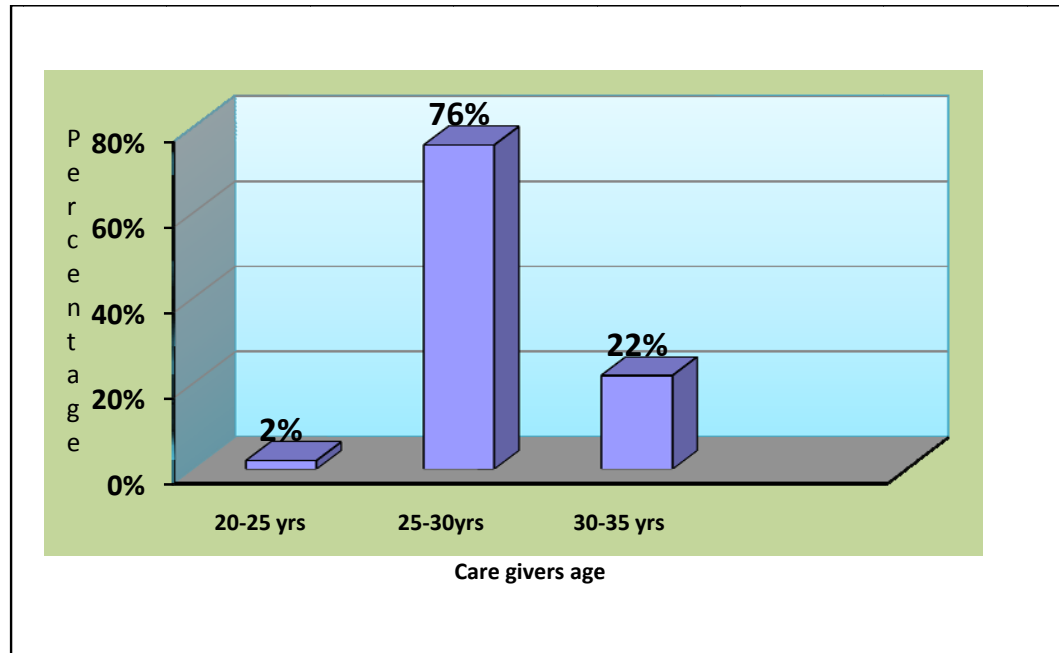


Figure: 3 Distribution of samples according to their care givers educational status.

N=60

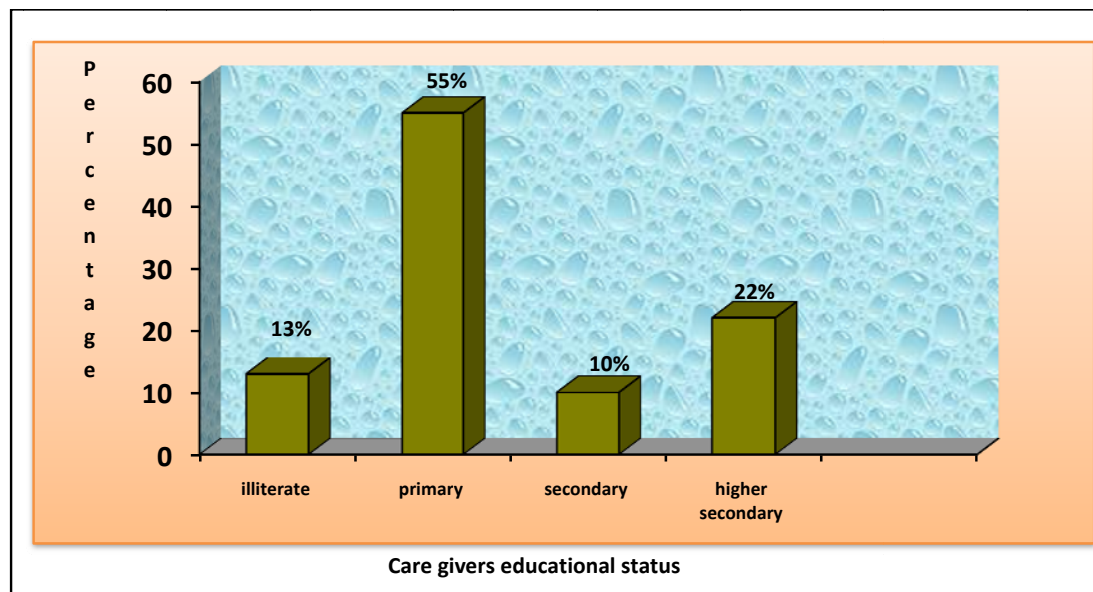


Figure: 4 Distribution of sample's according to their care givers

occupation.

N=60

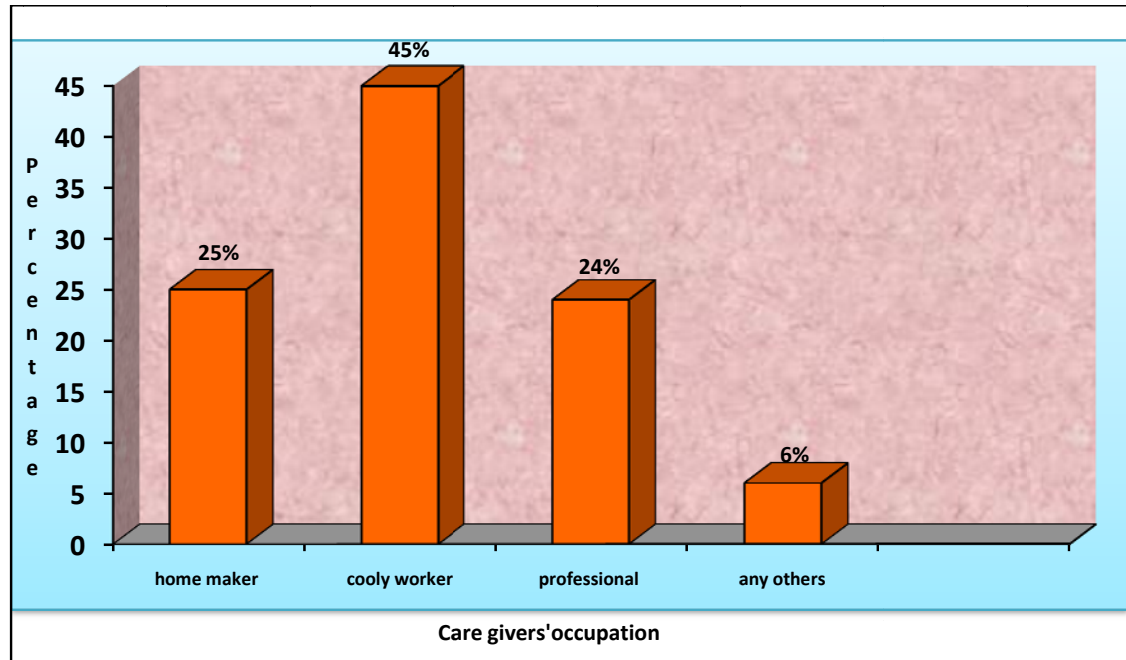


Figure: 5 Distribution of sample's according to their care giver's

monthly income.

N=60

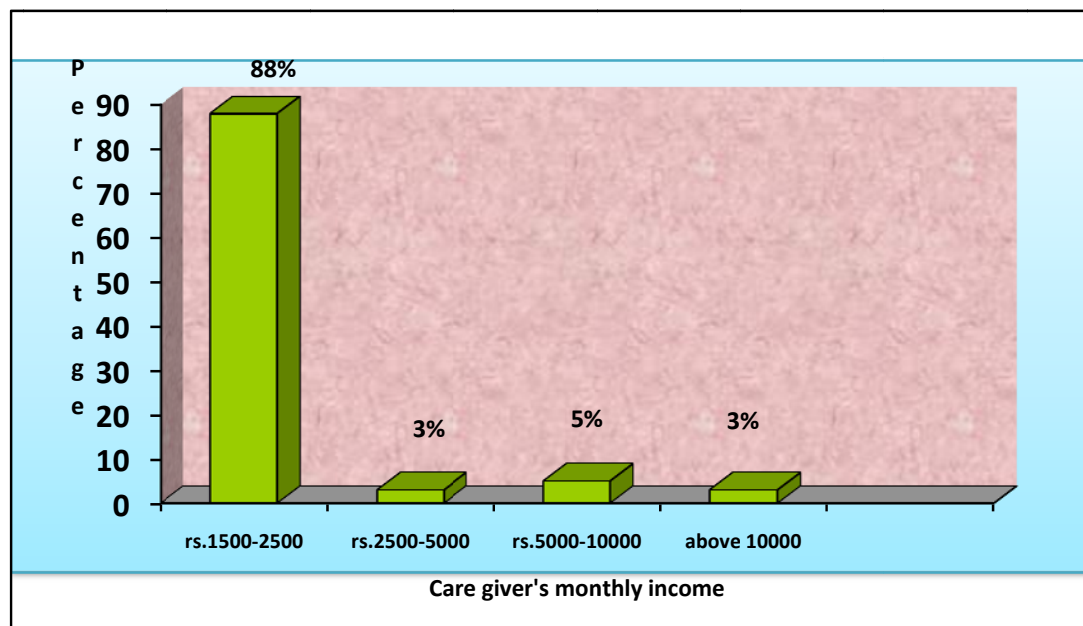


Figure 6: Distribution of samples according to their care giver's religion.

N=60

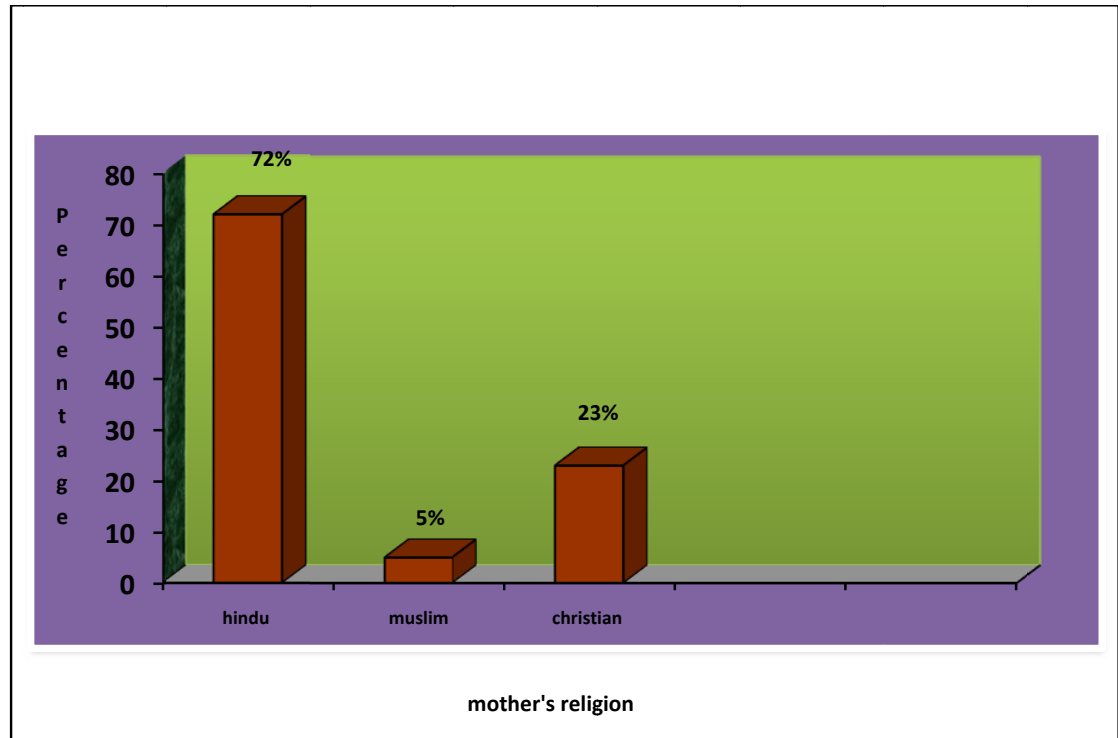


Figure 7: Distribution of sample's according to their type of family.

N=60

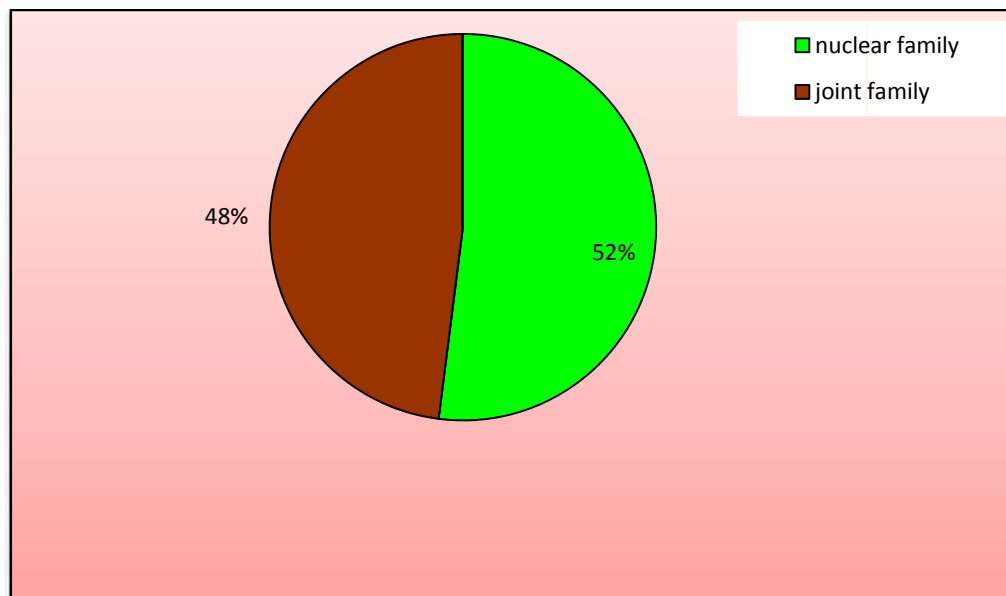


Figure: 8 Distribution of sample's according to their child's age.

N=60

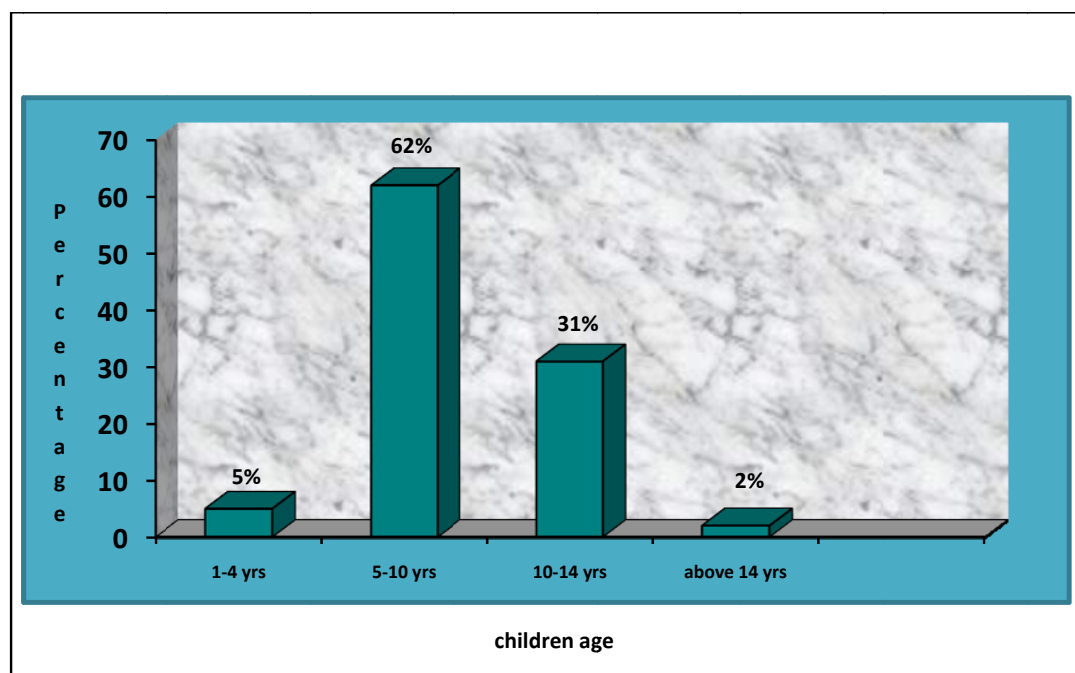


Figure: 9 Distribution of samples according to their child sex.

N=60

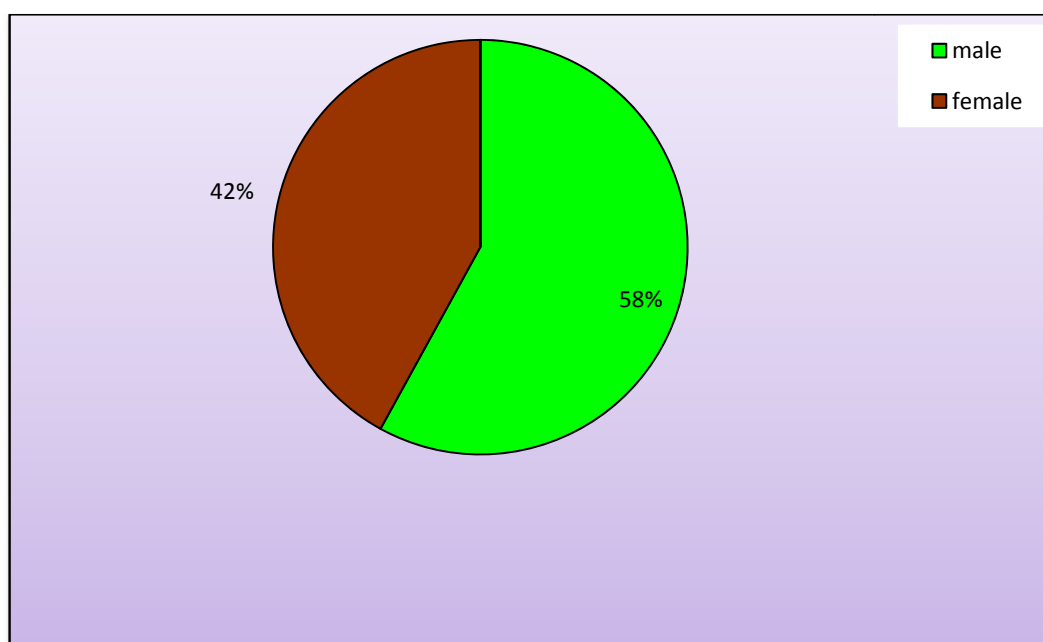


Figure: 10 Distribution of samples according to their child's birth order

N=60

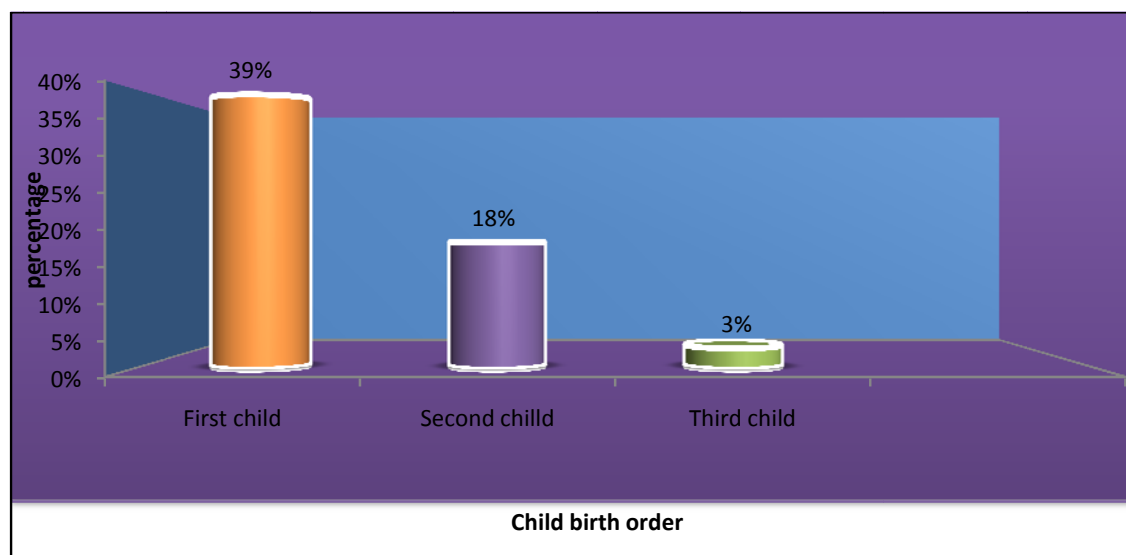


Figure: 11 Distribution of samples according to their child's educational status.

N=60

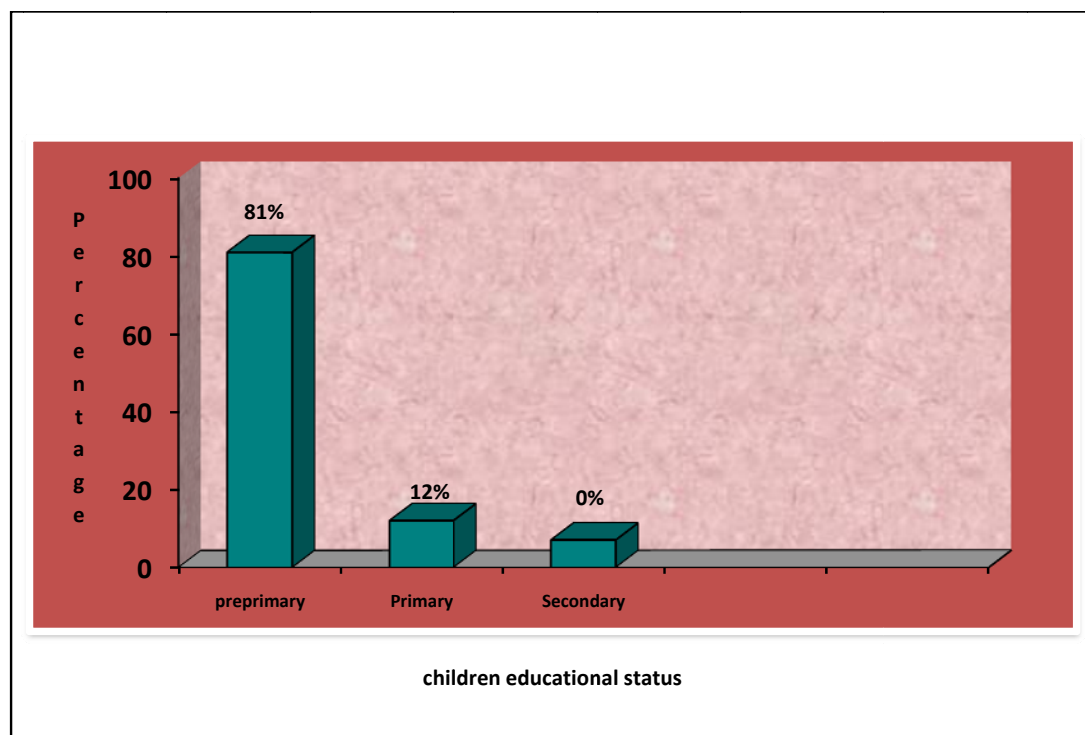


Figure: 12 Distribution of samples according to their number of children in their family. **N=60**

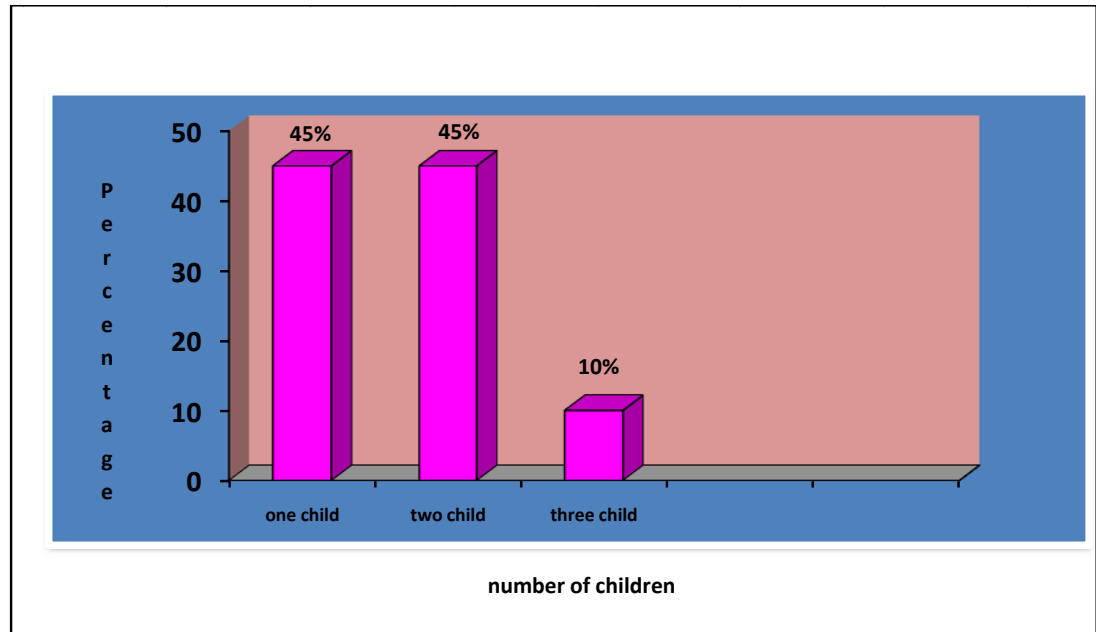


Figure: 13 Distribution of samples according to their onset of disease.

N=60

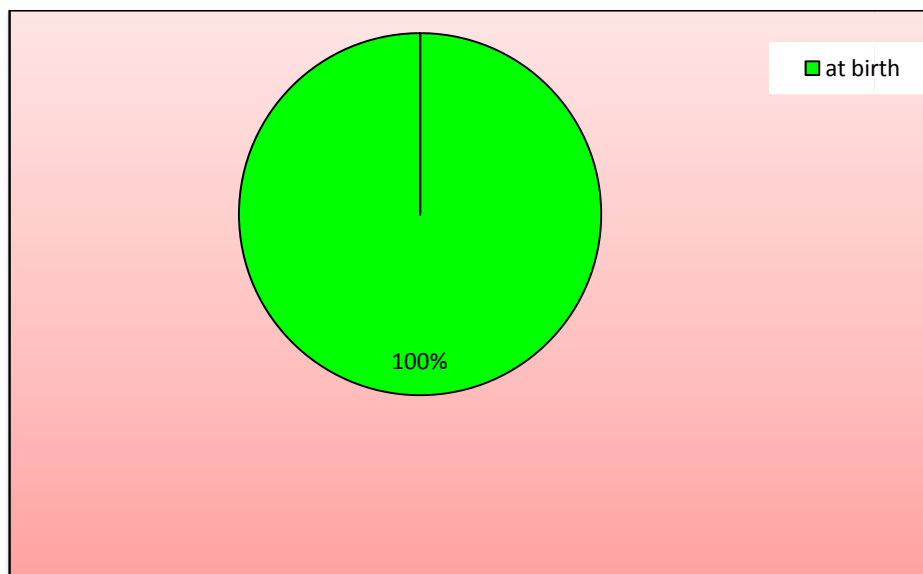
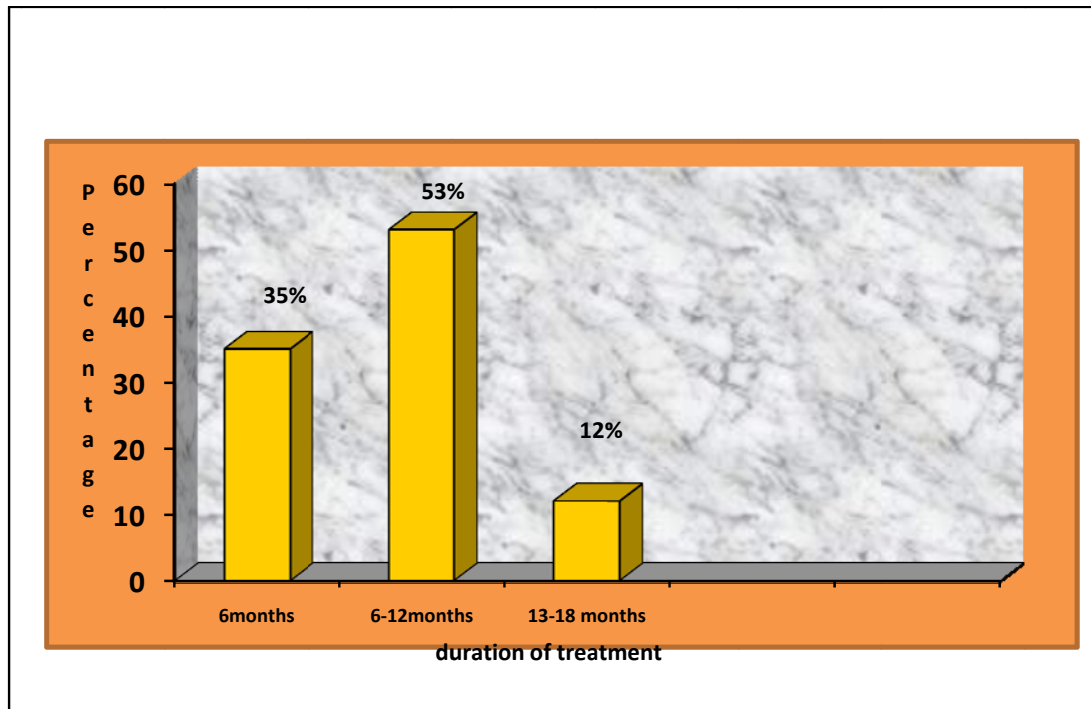


Figure: 14 Distribution of samples according to their duration of treatment.

N=60



SECTION-II

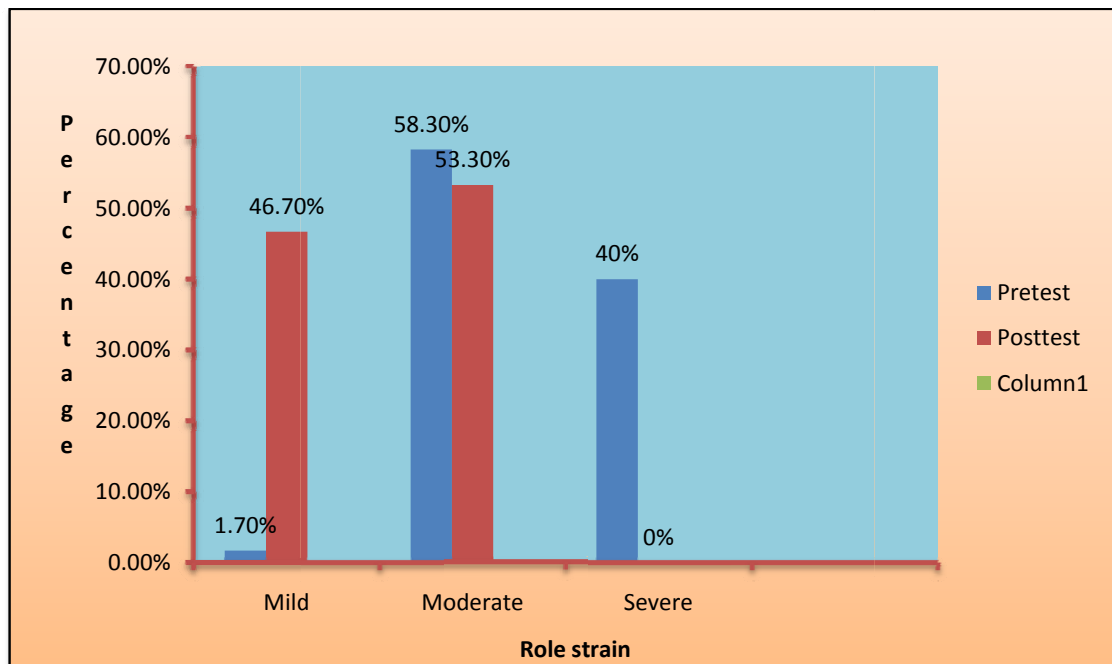
Table: 2 Distribution of samples according to the level of role strain before and after intervention.

Sl. No	Level of pain	Pre test		Post test	
		F	%	F	%
1.	Mild	1	1.7	28	46.7
2.	Moderate	35	58.3	32	53.3
3.	Severe	24	40	0	0

The above table shows that pre-test among the subjects, 1 (1.7%) were having mild, 35 (58.3%) were having moderate and, 24 (40%) were having severe. In post test among the subjects, 28 (46.7%) were mild role strain, 32 (53.3%) were having moderate role strain.

Figure15: Comparison between the pre test and post test level of role strain.

N=60



SECTION-III

Effectiveness of guided relaxation technique in reduces the level of role strain.

Table 3: Mean post test level of role strain was significantly lower than the mean pre test level of role strain.

SL.NO	Level of role strain	Mean	Standard deviation	't' value	Table value
1.	Before intervention	77.47	2.90	s 9.6438	3.46
2.	After intervention	71.88	2.71		

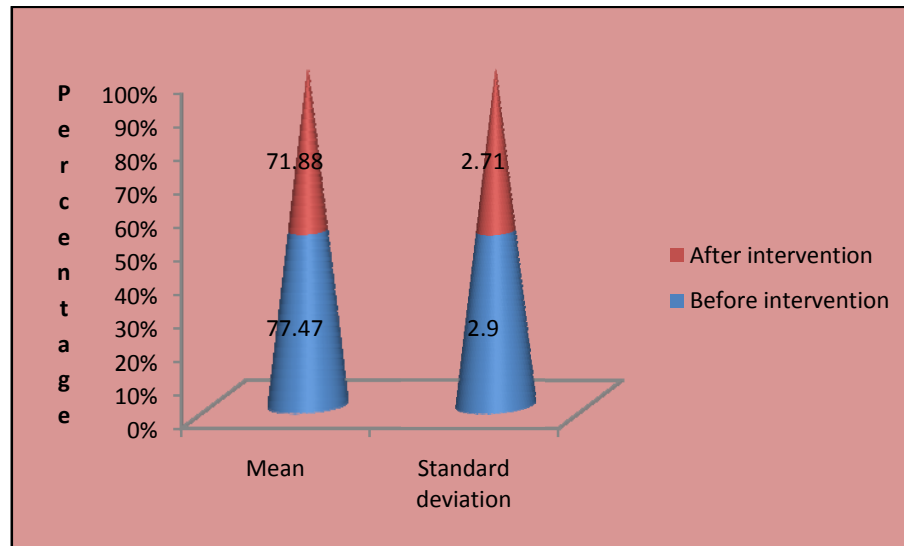
s= significant.

P < 0.001 highly significant.

Mean scores on level of role strain was 71.88 in post test which was significantly lower than, 77.47 in pre test and computed value of 't' was 9.6438 was more than the table value [3.46] at df= 59 which was statistically significant at 0.001 levels. This data shows that guided relaxation technique was effective in reducing the level of role strain.

Figure: 16 Effectiveness of guided relaxation technique in reducing the level of role strain before and after intervention.

N=60



SECTION-IV

Table 4: Associations between the level of role strain and demographic variables.

[N=60]

Sl. No	Demographic variables	Level of role strain				Table Value	Chi-square value
	Mother's	Mild		Moderate			
		F	%	F	%		
1.	Age						
	• 20-25 years	1	2	0	0	5.99	1.52^{NS}
	• 25-30 years	22	37	24	40		
	• 30-35 years	5	8	8	13		
2.	Educational status						
	• Illiterate	4	6	4	6	7.82	3.38^{NS}
	• Primary	18	30	15	25		
	• Secondary	1	2	5	8		
	• Higher secondary	5	8	8	13		

3.	Occupation						
	• Home maker	5	8	10	16		
	• Coolie worker	15	25	12	20	7.82	4.23^{NS}
	• Professional	5	8	9	15		
	• Any other	3	5	1	2		
4.	Income						
	• Rs.1500-2000	26	43	27	45		
	• Rs.2001-5000	0	0	2	3	7.82	4.104^{NS}
	• Rs.5000-10000	1	2	2	3		
	• Above 10000	1	2	1	2		
5.	Religion						
	• Hindu	19	32	24	40		
	• Muslim	3	5	0	0	5.99	3.616^{NS}
	• Christian	6	10	8	13		
6.	Type of family						
	• Nuclear family	15	25	16	27		
	• Joint family	13	22	16	27	3.84	0.076^{NS}

1.	CHILD Age <ul style="list-style-type: none"> 1-4 yrs 5-10 yrs 10-14 yrs 	1	2	2	3		
		16	27	21	35	5.99	0.937^{NS}
		11	18	9	13		
2.	Sex <ul style="list-style-type: none"> Male Female 	17	28	18	30		
		11	18	14	24	3.84	0.933^{NS}
3.	Birth order <ul style="list-style-type: none"> First Second Third 	17	28	22	37		
		9	15	9	15	5.99	0.711^{NS}
		2	3	1	2		
4.	Educational status <ul style="list-style-type: none"> Pre-primary Primary Secondary 	23	38	26	43		
		3	5	4	7	5.99	0.06^{NS}
		2	3	2	3		

5.	No. Of children in family						
	• One	12	20	15	25		
	• Two	13	22	14	23	5.99	0.104^{NS}
	• Three	3	5	3	5		
6.	Onset of disease						
	• At birth	28	47	32	53	3.84	0.432^{NS}
7.	Duration of treatment						
	• 6 months	9	15	12	20		
	• 6-12 months	15	25	17	28	5.99	0.432^{NS}
	• 13-18 months	4	7	3	5		

CHAPTER-V

DISCUSSION

Caregiver strain “The demands, responsibility, difficulties, and psychic consequences of caring for relatives with special needs “have seen increasing attention in the research literature over the last several decades.

The present study is designed to determine the effectiveness of guided relaxation technique for reduction of role strain among the caregivers of disabled children in selected center at Madurai.

A Quantitative research approach was used for the study. A convenience sampling was done to select samples. The data collection tools were used were demographic variables, caregiver strain questionnaires were used to assess the level of role strain.

The major findings of the study are discussed in light of the formulated objectives which are as follows.

OBJECTIVES

- ❖ To assess pre test level of role strain among the caregivers of disabled children.

- ❖ To assess post test level of role strain among the caregivers of disabled children.
- ❖ To evaluate the effectiveness of guided relaxation technique for reduction of role strain among the caregivers of disabled children.
- ❖ To find out the association between the level of role strain and selected demographic variables such as caregivers age, educational status, occupation, monthly income, religion, type of family, child age, child sex, birth order, child educational status, number of children in the family, onset of disease, and duration of treatment.

DEMOGRAPHIC DISTRIBUTION OF THE SAMBLES

The table I depict that in the age group of subjects 1 (2%) were between 20-25years, 46 (76%) were between 25-30years, 13 (22%) were between 30-35years.

Regarding the educational status of the subjects 8 (13%) have illiterate, 33 (55%) have primary, 6 (12%) have secondary, 13 (22%) have higher secondary.

In respect of occupation of the subject, 15 (25%) were home maker, 2 (45%) was coolly worker, 14 (24%) were professional, 4 (6%) were any other.

With regard to the monthly income of the family 53 (88.3%) Rs/-1500-2500, 2 (3.3%) Rs/-2501-5000, 3 (5%) Rs/-5001-10000, and 2 (3.3%) Rs/-10001 and above.

Regarding to religion 43 (72%) were Hindu, 3 (5%) were Muslim, 14 (23%) were Christian.

Regarding the type of family 31 (52%) were a nuclear family, 29 (48%) was joint family.

CHILDREN:

Regarding child age group of the subject 3(5%) were between 1-4years, 37(62%) were between 5-10years, 20(33%) were between 10-15years.

Regarding child sex of the groups 35 (58%) was males, 25 (42%) were females.

Regarding the child birth order of the groups 39 (65%) first child, 18 (30%) were second child, 3 (5%) was the third child.

Regarding the educational status of the subjects 49 (81%) have pre primary, 7 (12%) have primary, 4 (7%) have secondary.

With regard number of children in the family 27 (45%) have one child, 27 (45%) have two children, 6 (10%) have three children.

Regarding onset of disease of the subjects 60 (100%) at birth.

Regarding the duration of treatment of the child 21 (31%) have 6 months, 32 (53%) have 6-12months, 7 (12%) have 13-18months.

THE FIRST OBJECTIVE IS TO ASSESS THE LEVEL OF ROLE STRAIN BEFORE GIVING INTERVENTION

The level of role strain of the samples was measured by caregiver strain questionnaire. The investigator found out of 60 subjects in pre test1 (1.7%) were having mild, 35 (5.3%) were having moderate and, 24 (40%) were having severe.

The researcher concluded that most of the caregivers of disabled children have moderate and sever level of role strain before giving guided relaxation technique.

THE SECOND OBJECTIVE IS TO ASSESS THE LEVEL OF ROLE STRAIN AFTER GIVING INTERVENTION

The investigator found out of 60 subjects in post test 28 (46.7%) were having mild, 32 (53.3%) were having moderate.

The researcher concluded that most of disabled children care givers having role strain. Due to the role strain the care givers physically and mentally they were affected. Role strain is one of the stresses. Role strain is significantly affecting the caregivers of disabled children. In this study most of the samples reported that they have a severe real strain. Most of the samples followed guided relaxation technique in reduction of role strain.

THE THIRD OBJECTIVE IS TO EVALUATE THE EFFECTIVENESS OF GUIDED RELAXATION TECHNIQUE ON REDUCTION OF ROLE STRAIN

Mean scores on level of role strain was 71.88 in post test which was significantly lower than, 77.47 in pre test and computed value of 't' was 9.6438 was more than table value [3.46] at $df = 59$ which was statically at 0.001 levels. This data showed that guided relaxation technique was effective in reducing the level of role strain.

The researcher concluded that the guided relaxation technique helps to modify the level of role strain guided relaxation technique is the key that trains every caregiver to change to reduce the level of role strain in this study, after the intervention no care givers were seen with the sever level of role strain. Most of the subjects adopted the guided relaxation technique after participating in the study. The researcher observed that most of the samples responded to the questions vary eagerly.

THE FOURTH OBJECTIVE IS TO ASSOCIATIONS BETWEEN THE ROLE STRAIN AND DEMOGRAPHIC VARIABLES

The hypothesis states that there is a not significant association between the level of role strain and demographic variables. There was no significant association between the caregivers age, child age, caregivers educational status, child educational status, religion, occupation, and income of the family, number of children, birth order of child, type of family , duration of treatment, and onset of disease.

From the above discussion it is concluded that guided relaxation technique reduction of role strain among the caregivers of disabled children.

CHAPTER-VI

SUMMARY, FINDINGS, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS & CONCLUSION

This chapter presents the summary of the study, findings and its implications for nursing and health care services and ends with recommendations for further research on this field.

SUMMARY OF THE STUDY:

The purpose of the study was to evaluate the effectiveness of guided relaxation technique for reduction of role strain among the caregivers of disabled children in selected center at Madurai.

The pre experimental study was designed by the researcher to evaluate the level of role strain among the caregivers of disabled children. The convenience sampling technique was used to select 60 samples. The tool was developed and adopted after reviewing the relevant literature care gives strain questionnaire was used to assess the level of role strain among the caregivers of disabled children. The collected data were calculated and analyzed using both descriptive and inferential statistics based on the objectives of the study. The study tested and accepted the hypothesis that there is no

significant relationship between the level of role strain with demographic variables. The data collected were statistically analyzed and represented as tables and graphs in the previous chapter.

MAJOR FINDINGS OF THE STUDY:-

- The majority of the age group of the subjects 46 (76%) was between 25-30years
- Regarding the educational status of the subjects 33 (55%) majority has primary education
- In respect of occupation of the subjects 27 (45%) majority were coolly worker
- With regard to the monthly income of the subjects 53 (88.3%) were getting Rs/-1500-2500.
- With regard to religion majority of the subjects 43 (72%) were Hindu
- Regarding the type of family majority of the subjects 31 (52%) were nuclear family.
- The majority of the age group of children of the subjects 37 (62%) was between 5-10 years.
- Regarding children sex groups 35 (58%) majority were male.
- Regarding the birth order of the subjects 39 (65%) majority was the first child.
- Regarding the educational status of the subjects 49 (81%) majority has pre primary.

- Regarding the number of children in the family of the subjects 27 (45%) majority have one child.
- Regarding onset of disease of the subjects 60 (100%) majority were at birth
- Regarding the duration of treatment of the subjects 32 (53%) majority were 6-12 months.
- The level of role strain pretest among the subjects 1 (1.7%) were mild, 35 (58.3%) were having severe. The post test among the subjects 28 (46.7%) were mild, 32 (53.3%) were moderate and not having severe.
- Mean scores on level of role strain was 77.47 in pretest which is significantly lower than 71.88 in mean post test and computed value of 't' is 9.6438 is more than table value (3.46) at DF (59) which is statistically significant at 0.001 levels. This shows that guided relaxation technique was effective in reduction of role strain.
- The demographic variables such as caregivers age, educational status, occupation, monthly income, religion, type of family, child age, child sex, birth order, child educational status, number of children in the family, onset of disease, and duration of treatment. Having not significant research hypothesis was accepted and statically proved.

IMPLICATIONS:-

This finding of the study has implication for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE:-

- Nurses will motivate the caregivers of disabled children to do the guided relaxation technique in reducing the role strain.
- Nurses practicing in the special care center should be equipped with the knowledge of stress management technique.
- The nursing service department can have a group of adequate trained nurses demonstrating guided relaxation technique at various age group of children.

NURSING EDUCATION:-

- Student nurse can utilize this technique in health education program to the specially challenged children of caregivers.
- Nursing curriculum should encourage the nursing students to give education to the caregivers of disabled children regarding guided relaxation technique and its effectiveness in reducing the role strain.
- Conduct in service education regarding guided relaxation technique for role strain reduction in pediatric nursing setup.
- Student nurses is encouraged to do the project work in the role strain management.

NURSING ADMINISTRATION:-

- Nursing administrator can utilize this while conducting in service education program for staffs towards guiding relaxation on reducing the role strain.
- Nursing administrator should motivate nursing personnel to participate and conduct counseling and guided relaxation technique to prevent the caregiver role strain.
- Administrator of hospital, nursing, pediatrics and psychiatric department can use this technique for their workers' well-being.

NURSING RESEARCH:-

This study can be a baseline for further studies to build upon.

- Nurse researcher should publish her study result on guided relaxation technique in the conferences , workshops , or through other media and strengthen the extended role of the pediatric nurse as the rapist.
- This study also brings about in depth knowledge of role strain among the caregivers of disabled children.
- The same study can be done on larger samples.

LIMITATIONS:-

- The study is limited to six weeks
- The study is limited to sample size 60

RECOMMENDATIONS:-

The following recommendations are made based on the findings of the study.

1. A similar study can be conducted in a large group to generalize the findings.
2. A similar study can be performed among role strain among the caregivers of disabled children.
3. An extensive experimental study to assess the effectiveness of guided relaxation technique interventions to reduction of role strain.
4. A similar study can be conducted to know the role strain among the caregiver of disabled children.
5. A study can be done to assess the effectiveness of guided relaxation technique and reduction of role strain.

CONCLUSION:-

As a part of the curriculum, the researches have taken the role strain among the caregivers of disabled children as my dissertation work. When the researchers collected the data from the samples it was a heart touching experience because most of the samples are having moderate and severe role strain caregivers underwent a lot of stress and role strain. Each caregivers having different level of role

strain. Proper counseling is necessary to treat and evaluate the care given role strain. Guided relaxation technique on reduction of role strain among the caregivers of disabled children.

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APPENDIX-I
LETTER SEEKING PERMISSION TO CONDUCT STUDY
MATHA COLLEGE OF NURSING

(Affiliated to the Tamilnadu Dr.M.G.R. Medical University)

Vaanpuram, Manamadurai – 630 606.

Sivagangai District, Tamilnadu

From

Prof: Shaberabanu, M.Sc., (N), (PhD)
Principal

To

The JK Mas foundation,
Arapalayam,
Madurai District.

Respected Sir / Madam,

Sub: Project work of M.Sc., Nursing student in urban area
around Manamadurai.

I am to state that Ms. Bursheela. G one of our final year M.Sc., Nursing students have to conduct a project, which is to be a partial fulfillment of university requirement for the degree of Master of Science in Nursing.

The topic of research is “A study to assess the effectiveness of guided relaxation technique on reduction of role strain among the caregivers of disabled children in selected school at Madurai.”

Kindly permit her to do the research work in your school.
Thanking you.

Place:

Yours faithfully,

Date:

Prof. Mrs. Shaberabanu
(PRINCIPAL)

APPENDIX-II
LETTER SEEKING EXPERTS OPINION FOR CONTENT
VALIDITY OF THE TOOL

From

Ms. Bursheela . G
M.Sc. Nursing, II Year,
Matha College of nursing, Manamadruai.

To

Through: The Principal,
Matha College of Nursing,
Manamadruai.

Respected madam,

Sub: Requisition for getting expert opinion and suggestion for
content validity of the tool.

I am a second year master degree student in Matha College of Nursing, Manamadruai in partial fulfillment of Master Degree in Nursing. I have selected the topic mentioned below for the research project to be submitted to the Dr. MGR Medical University, Chennai.

Problem statement:

“A study to assess the effectiveness of guided relaxation technique on reduction of role strain among the caregivers of disabled children in selected school at Madurai.”

I request you to kindly validate the tool and give your expert opinion for necessary modification and also I will be very grateful if you refine the problem statement and objectives.

ENCLOSURES:

Statement of the Problem
Objectives
Hypothesis
Research Tool
Demographic profile
Modified self care assessment checklist.

Thanking you

Place: Manamadruai
Date:

yours faithfully
Ms. Bursheela. G

APPENDIX-III

CERTIFICATE FOR VALIDATION

This is to certify that the tool developed for data collection by **Ms. Bursheela. G** Final year student of Matha College of nursing, Manamadruai (affiliated to Dr. MGR medical university) is validated and can proceed with this tool and conduct the main dissertations entitled " A study to assess the effectiveness of guided relaxation technique on reduction of role strain among the caregivers of disabled children in selected school at Madurai."

Date

Signature

APPENDIX-IV
LIST OF EXPERTS

1. Dr. PRABHAKAR NAVAMANI, M.D., DCH

Navamani Child Specialty Hospital

Madurai, Tamilnadu

2. Prof. Mrs. SHABERA BANU, M.Sc., (N), (PhD)

Principal cum HOD, maternity Nursing,

Matha College Of Nursing, Manamadruai

3. Prof. Mrs. Kalai kuru Selvi M.Sc (N), (PhD)

Vice principal, HOD, Pediatric Nursing

Matha College Of Nursing, Manamadruai.

4. Prof. Kavitha M.Sc (N),

Sara college of nursing,

Mankadavu,

Dharapuram.

5. Mrs. Jasmine Sheela, M.Sc (N),

Mount Zion college of nursing,

Pilivalam (PO),

Thirumayam,

Pudukkotti – 622 507.

6. Mrs. Megila Livingstone M.Sc (N),

Associate professor,

Nehru college of nursing,

Nehru Nagar,

Valor,

Thirunevelli.

APPENDIX-V

INFORMED CONSENT

I Ms. Bursheela. G II year M.Sc Nursing, in matha college of nursing , Manamadruai conducting a study “A study to assess the effectiveness of guided relaxation technique on reduction of role strain among the caregivers of disabled children in selected school at Madurai.”

As a partial fulfillment of the requirement for the degree of M.Sc (Nursing) under the Tamil Nadu Dr. M .G .R. Medical University. The study participants will be assessed by caregiver role strain questionnaire assessing the level of role strain. I assure you that the response given by you will be kept confidential. So, I request you to kindly cooperate with me and participate in this study

Thank you,

APPENDIX-VI

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work “*A study to assess the effectiveness of guided relaxation technique on reduction of role strain among the caregivers of disabled children in selected school at Madurai.*” Done by Ms. Bursheela. G, II year M.Sc Nursing, in Matha College of nursing, Manamadruai is edited for the English language is appropriate.

Signature

DEMOGRAPHIC VARIABLES

MOTHER:

1. Caregivers age
 - (a) 20-25years
 - (b) 25-30years
 - (c) 30-35years
2. Educational status
 - (a) Illiterate
 - (b) Primary
 - (c) Secondary
 - (d) Higher secondary
3. Occupation
 - (a) Home maker
 - (b) Cooly worker
 - (c) Professional
 - (d) Any other
4. Monthly income
 - (a)Rs.1500-2500
 - (b) Rs.2500-5000
 - (c) 5000-10000
 - (d) Above 10000

5. Religion

- (a) Hindu
- (b) Muslim
- (c) Christian

6. Type of family

- (a) Nuclear family
- (b) Joint family

CHILDREN:

1. Child age

- (a) 1-4years
- (b) 5-10years
- (c) 10-14years

2. Sex

- (a) Male
- (b) Female

3. Birth order

- (a) First child
- (b) Second child
- (c) Third child

4. Educational status

- (a) Preprimary
- (b) Primary
- (c) Secondary

5. Number of children in the family

- (a) One child
- (b) Tow child
- (c) Three child

6. Onset of disease

- (a) At birth

7. Duration of treatment

- (a) 6months
- (b) 6-12months
- (c) 13-18months
- (d)19-24months

CARE GIVER STRAIN QUESTIONNAIRE (CGSQ)

Items on the cgsq are rated on a 5-point scale with the following response opinions.

0=Not at all 1=A little 2=Some what 3=Quite a bite and
4=Very much.

This tool was prepared by Dr.Craig Anne Heflinger

ITEMS	Not at all	A little	Some what	Quite a bit	Very much
1. Interruption of personal resulting from your child's problems?					
2. Disruption of family routines due to your child's problems?					
3. Your missing work or neglecting other duties because of you problems?					
4. Any family member having to do without things because of your child's problems?					
5. Any family member suffering negative mental or physical health effects as a result of your child's problem?					

6. Your child getting into trouble with the neighbors, the community, or law enforcement?					
7. Financial strain for your family as a result of your child's problems?					
8. Less attention paid to any family member because of the attention given to your child?					
9. Disruption or upset of relationships within the family due to your child's problem?					
10. Disruption of your family's social activities resulting from your child's problems?					
11. How socially isolated did you feel as a result of your child's problems?					
12. How sad or unhappy did you feel as a result of your child's problems?					

13. How embarrassed did you feel about your child's problems?					
14. How well did you relate to your child?					
15. How angry did you feel toward your child?					
16. How worried did you feel about your child's future?					
17. How worried did you feel about your family's future?					
18. How guilty did you feel about your child's problems?					
19. How resentful did you feel toward your child's problems?					
20. How tired or strained did you feel as a result of your child's problems?					

SCORING:

Mild < 71

Moderate = 72-78

Severe > 79